

UNITED STATES DISTRICT COURT

for the

WESTERN District of WASHINGTON

~~SEATTLE~~ Division

21-CV-1440 RAJ
Case No.

DANIEL REYES

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-
EXPRESSSCRIPTS COMMUNITY HEALTH PLAN OF WASH.
COMMUNITY HEALTH PLAN "UNITY CARE N.W."

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

(to be filled in by the Clerk's Office)

Jury Trial: (check one) Yes No

FILED
LOGED
RECEIVED

MAIL

OCT 20 2021

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

County

Telephone Number

E-Mail Address

DANIEL REYES
 421 E MAPLE APT 103
 BELLINGHAM WA 98225
 City State Zip Code
 WHATCOME 360-988-3659
 PEPSIPOPPOKE@GMAIL.COM

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

EXPRESS SCRIPTS
 COMMUNITY HEALTH PLAN of WASHINGTON
 1111 3RD AVE. SUITE 400
 SEATTLE WA 98101
 City State Zip Code
 KING 206 613 5058

Individual capacity Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

UNITY CARE NORTHWEST & E. COMMUNITY HEALTH PLAN
 TO ABIDE 8TH & 14TH AMENDMENT.
 220 UNITY ST.
 BELLINGHAM WA 98225
 City State Zip Code
 WHATCOM 360 676 6177

Individual capacity Official capacity

Defendant No. 3

Name _____

Job or Title (*if known*) _____

Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____ Individual capacity Official capacity

Defendant No. 4

Name _____

Job or Title (*if known*) _____

Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____ Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*): Federal officials (a *Bivens* claim) State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8TH & 14TH AMENDMENT BAN ON CRUEL & UNUSUAL PUNISHMENT

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials? _____

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

**HEALTH CARE WORKERS ABILITY
AND DUTY of SERVICE is OBSTRUCTED by UNDERMINING HEALTH CARE WORKERS
MEDICALLY/PRESCRIBED OPTIONS, RECOMMENDATIONS, DIAGNOSIS and THIER
Dilections**

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

**PLAINTIFFS AXIS TO
REMEDIAL MEDICINE for PAINFULL & CHRONIC ILLNESSES
ARE BEING CONSTITUTIONALLY VIOLATED.**

B. What date and approximate time did the events giving rise to your claim(s) occur?

PATIENT/PLAINTIFF ENDURES U-N-E-S-C-R-Y PAIN & ANXIETY

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

PSYCHOTROPIC - DENIED

CORRECT ANTI VIRAL - DENIED

CONSTITUTIONAL MEDICINE - DENIED

SPINAL SHOT - DENIED

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

PLAINTIFF'S IMMUNE SYSTEM IS COMPROMISED WITH THE GENERIC ANTIVIRAL MEDICINE. PATIENT ASSERTS LESS ENERGY, SHORTNESS OF BREATH, UNABLE TO MAKE A STOOL & CAUGHING COLD'S/VIRUS'S. PLAINTIFF ASSERTS BEING SUBJECTED TO ANTI-OPIOID PAIN MEDICINE IS CRUEL. PLAINTIFF RESERVES THE RIGHT TO BRING FORTH CHARGES & PUNITIVE DAMAGES IF DEFENDANTS INSIST ON ALLOWING PATIENT TO SUFFER WITH "BOGUS" PAIN & ANTIVIRAL MEDICINES. PATIENT/PLAINTIFF ASSERTS LAB RESULTS ARE BEING USED TO INCREASE PHARMA'S STASTISICKS IGNORING PATIENT'S BEST INTEREST'S AND ABUSING HIS PURSUIT OF HAPPINESS.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

PLAINTIFF/PATIENT PRAYS THE COURT MAY OVERLOOK MISSPELLED WORDS AND PUNCTUATIONS UNDER THE CIRCUMSTANCES THAT PATIENT IS "AUTISTIC SCHIZOPHRENIC" AND TRYING THE BEST OF HIS ABILITY TO BRING FORTH HIS ACTION/COMPLAINT. PLAINTIFF/PATIENT ASSERTS THE TRUE INTEREST OF LAW IS BEST MET BY DEMANDING DEFENDANTS TO MAKE ACCESSIBLE MEDICATION'S WHAT ARE AVAILABLE TO THE COMMON PUBLIC & UNITED STATES CITIZENS. PLAINTIFF/PATIENT ASKS FOR APPOINTMENT OF COUNSEL IF THE COURT DEEMS NECESSARY THAT THE BEST INTEREST OF LAW MAY BE TO MOVE PLAINTIFF/PATIENT'S COMPLAINT TO CLASS ACTION.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10-19-21

Signature of Plaintiff



Printed Name of Plaintiff

DANIEL REYES**B. For Attorneys**

Date of signing: _____

Signature of Attorney



Printed Name of Attorney



Bar Number



Name of Law Firm



Address



City

State

Zip Code

Telephone Number



E-mail Address



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UNITED STATES
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** See International Mail Manual at <http://pe.usps.com>.

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AMOUNT
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1008
98101

FROM: DANIEL REYES
421 E. MAPLE APT #103

BELLINGHAM, WA.
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MAIL

OCT 20 2021

AT SEATTLE
CLERK'S DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
DEPUTY

TO:
UNITED STATES DIST. COURT
WESTERN DIST. / SEATTLE
700 STEWART ST.
SUITE 2310 98101

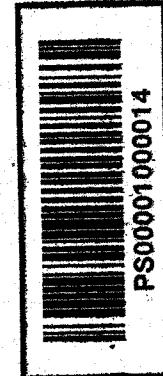
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scan the QR code.



usps.com/pickup

EP14F May 2020
OD: 12 1/2 x 9 1/2

FLAT RATE ENVELOPE
ONE RATE ■ ANY WEIGHT



PS00001000014